

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann

SECRETARY OF STATE



Name of Candidate Bruce Burton
 Address P.O. Box 16610 Jackson, MS 39211 County Hinds
 Telephone Work 601-899-5287 Home 601-250-6508 Fax NA
 Contact Name Bruce Burton Email Address burtonbu@yahoo.com
 Office Sought Circuit Court Judge

☐ Check here if above is different from previous report

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)..... Mandatory
 ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)..... Mandatory
 ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)..... Mandatory
 ____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)..... Mandatory
☒ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)..... Mandatory
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates
 ____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)..... Mandatory
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2400.00 \$ 0	\$	\$ 28961.14
Total amount of disbursements	\$2450.00 \$ 0	\$	\$ 27563.99
Total amount of cash on hand		\$ 1397.15	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Bruce Burton

Reporting period

October 1, 2010 through October 23, 2010

ITEMIZED DISBURSEMENTS

A. Full name	<u>Lamar Advertising</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>405 County Place Parkway</u>	<u>10/20/10</u>	\$ <u>1,000.00</u>
City, State, Zip Code	<u>Reid, MS 39208</u>	<u>10/20/10</u>	\$
Purpose of Disbursement (Optional)	<u>Campaign Ad Boards</u>	Aggregate Year-to-date	\$
B. Full name	<u>Melissa Mall</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>587 Tulus Backen Road</u>	<u>10/18/10</u>	\$ <u>200.00</u>
City, State, Zip Code	<u>Sentado, MS</u>	<u>10/18/10</u>	\$
Purpose of Disbursement (Optional)	<u>Campaign T-shirts</u>	Aggregate Year-to-date	\$
C. Full name	<u>Roberts Broadcasting Co</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>745 N. State Street</u>	<u>10/22/10</u>	\$ <u>1,250.00</u>
City, State, Zip Code	<u>Jackson, MS 39202</u>	<u>10/22/10</u>	\$
Purpose of Disbursement (Optional)	<u>Radio Advertising</u>	Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>10/22/10</u>	\$
City, State, Zip Code		<u>10/22/10</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>10/22/10</u>	\$
City, State, Zip Code		<u>10/22/10</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>10/22/10</u>	\$
City, State, Zip Code		<u>10/22/10</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee

Bryce Burton

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of

Reporting period

October 2010 through

October 23, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Bryce Burton	10.1.10	\$ 500.00
Mailing Address		
P.O. Box 23144	10.12.10	\$ 200.00
City, State, Zip Code		
Jackson MS 39225	10.19.10	\$ 1,000.00
Name of Employer (Required)		
Burton Law Firm	10.22.10	\$ 700.00
Occupation (Required)		
Attorney	Aggregate year-to-date	\$ 2,400.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	__/__/__	\$
Mailing Address		
	__/__/__	\$
City, State, Zip Code		
	__/__/__	\$
Name of Employer (Required)		
	__/__/__	\$
Occupation (Required)		
	Aggregate year-to-date	\$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	__/__/__	\$
Mailing Address		
	__/__/__	\$
City, State, Zip Code		
	__/__/__	\$
Name of Employer (Required)		
	__/__/__	\$
Occupation (Required)		
	Aggregate year-to-date	\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	__/__/__	\$
Mailing Address		
	__/__/__	\$
City, State, Zip Code		
	__/__/__	\$
Name of Employer (Required)		
	__/__/__	\$
Occupation (Required)		
	Aggregate year-to-date	\$